# UNIVERSITY OF SUSSEX CASUAL CLAIM FORM

## CASUAL CLAIM FORM FOR SUBSTANTIVE POST HOLDERS

**Usage of this form**. This form should be used for any "casual" claim which is to be paid alongside the salary of a substantive member of staff. Workers who do not hold employment at the Univesity must be engaged via Reed Talent Solutions

### INFORMATION & INSTRUCTIONS

Completed forms should be returned by email to payroll.casual@sussex.ac.uk

Payment will only be made for work already done. Forms must not be submitted in advance of work having been completed

All forms must be sumitted to Payroll by the manager who is authroised to sign off claims agains the budget code used

Forms must not be submitted to payroll twice

**Payroll cut off** dates can be found on the University website

http://www.sussex.ac.uk/humanresources/payrollandpensions/payrollandpensionsdocumentsandforms

**All employing Units should ensure that they comply with the Immigration, Asylum & Nationality Act 2006.** Human Resources will hold right to work checks, however Managers should be aware of visa restrictions. Contact the Human Resources Compliance Team for further information and guidance. internationalHR@sussex.ac.uk

**By completing this form the Worker declares that they have agreed to the relevant terms and conditions** of their engagement and that any concerns have been raised with and addressed by the engaging manager

**Payments** will be made by BACS aongside the Employees normal salary

**Please note that the Payroll Office cannot provide advice on personal tax issues.** For all tax queries please contact HMRC on 0300 200 3300. Basic rate tax will be deducted until your tax code has been confirmed

**PrivacyNotice** https://www.sussex.ac.uk/about/website/privacy-and-cookies/privacy

### PAYROLL DEDUCTIONS

Normal payroll deductions will apply to all casual claims, and deductions for Tax and National Insurance will be made in line with the appropriate thresholds

Payments made for casual work undertaken outside of the Employees normal T&C's are not pensionable

### ALL FIELDS IN THIS SECTION ARE MANDATORY

#### EMPLOYEE DETAILS

| | | | |
|---|---|---|---|
| **STAFF NUMBER** | | **PAYROLL NUMBER** | |
| **EMPLOYEE NAME** | | | |
| **POST TITLE** | | | |
| **SUSSEX EMAIL ADDRESS** | | **DATE OF BIRTH** | |

#### CASUAL WORK CLAIM DETAILS

| | | | |
|---|---|---|---|
| **SCHOOL / DEPT** | | **WORKING LOCATION** | |

| DATE WORKED (DD/MM/YYYY) * | NATURE OF WORK * | HOURLY RATE | HOURS WORKED | SUB TOTALS * |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | **TOTAL** | |

#### EXPENSE CLAIM DETAILS (please attach evidence of claim e.g. receipts)

| DATE OF CLAIM (DD/MM/YYYY) | NATURE OF CLAIM | UNITS | RATE | SUB TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | **TOTAL** | |

#### ACCOUNT CODES TO BE CHARGED

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **ACCOUNT** | | **SUB-PROJECT** | | **COSTING SPLIT** | | **% or hours** | **AUTHORISED BY** |
| **ACCOUNT** | | **SUB-PROJECT** | | **COSTING SPLIT** | | **% or hours** | |

I confirm I have checked and approved the details of this claim and I also confirm that this work has been carried out

| | | | |
|---|---|---|---|
| **SUPERVISOR NAME** | | **EXT.** | |
| **POSITION HELD** | | **DATE** | |

Authorised forms must be sent from the signatory's email account to payroll.casual@sussex.ac.uk